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Psyc290chp15 - Lecture notes 15

General Psychology (Athabasca University)

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Chapter 15 – Treatment of Psychological Disorders

The Elements of the Treatment Process

- Treatments: How many types are there?
  - Psychotherapist uses many treatment methods: includes discussion, advice, emotional support, persuasion, conditioning procedures, relaxation training, role-playing, drug therapy, biofeedback, and group therapy.

1. Identify the three major categories of therapy. Discuss the factors affecting why people do or do not seek therapy. (pp. 696-697)

i. Insight therapies – "talk therapy" in the tradition of Freud's psychoanalysis.
   - Clients engage in complex verbal interactions with their therapist. The goal is to pursue increased insight regarding the nature of the client's difficulties and to sort through possible solutions.
   - Can be with an individual or a group. Family therapy and marital therapy.

ii. Behavior therapies – are based on the principles of learning.
   - Instead of emphasizing personal insights, behavior therapists make direct efforts to alter problematic responses (phobias) and mal adaptive habits (drug use.)
   - They work on changing clients overt behaviors.
   - Use classical conditioning, operant conditioning, and observational learning.

iii. Biomedical therapies – interventions into a person's biological functioning.
   - Most widely used: drug therapy and electroconvulsive therapy (shock)

- Clients: who seek therapy?
  - People are as concerned about their mental health as their physical health.
  - Research finding shows that only about half of the people who use mental health services in a given year has meet the criteria for a full-fledge mental disorder.
  - People vary considerably in their willingness to seek psychotherapy. One of the road blocks are the stigma surrounding mental health treatment.
  - Many people equate seeking treatment with personal weakness.
  - Many people who need therapy don't receive it.

2. Describe the various types of mental health professionals involved in providing psychotherapy. (pp. 697-699)

- Therapist: Who provides professional treatment?
  - Family physician or primary physician are the main source of mental health care and information. They may provide excellent advice, but their council does not qualify as therapy.
  - Psychotherapy refers to a professional treatment by someone with special training.
  - Psychology and psychiatry are the principal profession involved in the provision of psychotherapy.
  - However, therapy is increasingly provided by clinical social workers, psychiatric nurses, counselors, and marriage and family therapist.

I. Psychologist:

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- Two types may provide therapy: clinical psychologist, and counselling psychologist. They specialize in the diagnosis and treatment of psychological disorders and everyday behavioral problems.
- Clinical psychologists' training emphasizes the treatment of full-fledged disorders.
- Counselling psychologists' training is slanted toward the treatment of everyday adjustment problems.
- In practice however, there is quite an overlap between clinical and counselling psychologist in training, skills, and clientele they serve.
- In providing therapy: psychologist use either inside or behavioral approaches. In comparison to psychiatrist, they are more likely to use behavioral techniques, and less likely use psychoanalytic methods.
- Clinical and counselling psychologist do psychological testing as well as psychotherapy, and many also conduct research.

II. Psychiatrist

- ***Psychiatrist –*** *are physicians who specialize in the diagnosis and treatment of psychological disorders.*
- They also treat every day behavioral problems. However, in comparison to psychologist, psychiatrist devote more time to relatively severe disorders and less time to marital, family, job, and social problems.
- In their provision of therapy, psychiatrists increasingly emphasize drug therapies, which the other nonmedical helping professions cannot provide.
- In comparison to psychologist, psychiatrists are more likely to use psychoanalysis and less likely to use group therapies or behavior therapies.
- They primary depend on medication as their principal mode of treatment.

III. Other mental health professionals

- In hospital and other institutions, clinical social workers and psychiatric nurses often work as a part of a treatment team with psychologist and psychiatrist.
- Psych nurse play a large role in hospital inpatient treatment.
- Clinical social workers typically work with patients and their families to ease the patient's integration back into the community.
- Counselors also provde therapeutic services. They often specialize in particular types of problems such as vocational counselling, marital counselling, rehabilitation counselling, and drug counseling.

Insight Therapies

3. Define *insight therapies*. Explain the logic of Freudian psychoanalysis. Describe the techniques by which analysts probe the unconscious. (pp. 699-701)
    - ***Insight therapies –*** *involve verbal interactions intended to enhance clients self-knowledge and thus promote healthful changes in personality and behavior*

- Psychoanalysis
    - ***Psychoanalysis –*** *is an insight therapy that emphasizes the recovery of unconscious* conflicts*, motives, and defenses through techniques such as free association and transference.*
    - Freud mostly treated anxiety-dominated disturbances, such as panic, phobic, OCD, and conversion disorder, which were then called neuroses.
    - Freud believed that neuroses are caused by unconcious conflicts regarding sex and agression left over from childhood.

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- Freud believed that neurotic problems are caused by unconscious conflicts left over from early childhood.
- He thought that these inner conflicts involve battles among the id, the ego, and the super ego, usually over sexual and aggressive impulses. He theorizes that people depend on these defense mechanisms to avoid confronting these conflicts, which remain hidden in the depths of the unconscious.
- He noted that defensive behavior maneuvers often lead to self-defeating behavior. And tend to only be partially successful in alleviating anxiety, guilt, and other distressing emotions.

o Probing the unconscious

- The analyst attempts to probe the murky depths of the unconscious to discover the unresolved conflicts causing the clients neurotic behavior. "psychological detective"
- In this effort to explore the unconscious, the therapist relies on two techniques: free association, and dream analysis.
- ***Free association –*** *clients spontaneously express their thoughts and feelings exactly as they occur, with as little censorship as possible.*
- ***Dream analysis –*** *the therapist interprets the symbolic meaning of the client's dreams.* Access the patient's innermost conflicts, wishes, and impulses. Clients are trained and encouraged to remember their dreams.

o Interpretation

- ***Interpretation –*** *refers to the therapist's attempts to explain their inner significance of the client's thoughts, feelings, memories, and behaviors.*

4. Discuss resistance and transference in psychoanalysis. (pp. 701-702)

o Resistance

- ***Resistance –*** *refers to largely unconscious defensive manoeuvers intended to hinder the progress of therapy.* Patients sometimes does not want to face up to their painful, disturbing conflicts that they have buried in their unconscious. Although they sought help, they are reluctant to confront their real problems.
- When an analysts interpretations touch on sensitive issues, resistance can be expected.

o Transference

- ***Transference –*** *occurs when clients unconsciously start relating to their therapist in ways that mimic critical relationships in their lives.* The client transfers conflicting feelings about important people onto the therapist.
- The transference relationship may be used to overcome resistance and promote insight

o Modern Psychodynamic Therapies

- Many variations to Freud's original approach developed over the years, these descendants are collectively known as psychodynamic approaches to therapy.
- Other central features of modern psychodynamic therapies include:
- 1. A focus on emotional expertise
- 2. Exploration of efforts to avoid distressing thoughts and feelings.
- 3. Identification of recurring patterns in patient's life experiences.
- 4. Discussion of past experience, especially events in early childhood.
- 5. Analysis of interpersonal relationships.
- 6. Focus on the therapeutic relationship itself.

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- 7. Exploration of dreams and other aspects of fantasy life.

5. Identify the elements of a therapeutic climate. Discuss the therapeutic process in Rogers' client-centered therapy. (pp. 702-704)

- Client-Centered Therapy
  - Using a humanistic perspective, Rogers devised client-centered therapy (person-centered therapy)
  - ***Client-centered therapy*** *– is an insight therapy that emphasizes providing a supportive emotional climate for clients, who play a major role in determining the pace and direction of their therapy.*
  - Rogers maintains that most personal distress is due to inconsistence and incongruence, between a person's self-concept and reality.
  - Client-centered therapist help clients to realize that they do not have to worry constantly about pleasing others, and winning acceptance. They encourage clients to respects their own feelings, and values. They help people restructure their self-concept to correspond better to reality. Ultimately, they try to foster self-acceptance and personal growth.
  - Focus to clarify patients feelings.
  - Therapist must be: genuine, with unconditional positive regard, and have empathy.
  - Emotion focused therapy.
  - Therapeutic process
  - The therapist key task is clarification. They try to function like human mirrors, reflecting statements back to their clients but with enhanced clarity. They help clients become more aware of their true feelings by highlighting themes that may be obscure in the clients rambling discourse.
  - The therapist wants to clients to clarify their feelings, and hope to build toward more far-reaching insights.

6. How has positive psychology contributed to new approaches in insight therapy? (pp. 704-706)

- Therapist Inspired by Positive Psychology
  - Positive psychology uses theory and research to better understand the positive, adaptive, creative, and fulfilling aspects of human existence.
  - The advocates of positive psychology main that the field has historically focused far too heavily on pathology, weakness and suffering (and how to heal these conditions) rather than health and resilience.
  - They argue for increase research on contentment, well-being, human strength, and positive emotions.
  - Lead to new therapeutic interventions such as: well-being therapy – seeks to enhance client's self-acceptance, purpose in life, autonomy, and personal growth. It has been successful in treatment of mood disorders and anxiety disorders.
  - Another new approach is ***positive psychology*** *– has been used mainly in treatment of depression. It attempts to get clients to recognize their strength, appreciate their blessings, savor positive experiences, forgive those who have wronged them, and find meaning in their lives.*

7. Describe how group therapy is generally conducted. (pp. 706-708)

- Group therapy

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- ***Group therapy*** *– is the simultaneous treatment of several clients in a group.*
  - Participants roles
- Participants essentially function as therapist for one another.
- Group members describe their problems, trade viewpoints, share experiences, and discuss coping strategies.
- They provide acceptance and emotional support for each other.
- Group members work at peeling away the social masks that cover their insecurities. Once it is exposed, the work at correcting them.
- The therapist's responsibilities include selecting participants, setting goals for the group, initiating and maintaining the therapeutic process, and protecting clients from harm.
- The therapist often plays a subtle role, staying in the background, and focusing mainly on promoting group cohesiveness.
- The therapist models supportive behaviours for the participants and tries to promote a healthy climate.
- The leader in group therapy expresses emotions, shares feelings, and copes with challenges from group members.
  - Advantages of Group Experience
- Saves time and money, making it affordable.
- Participants are reassured to learn that many other people have similar or even worse problems.
- Provides opportunity for participants to work on their social skills in a safe environment.
- Certain types of problems and clients respond especially well to the social support that group therapy can provide.

- Couples and Family Therapy
  - ***Couples or marital therapy*** *– involves treatment of both partners in a committed, intimate relationship, in which the main focus is on relationship issues.*
  - ***Family therapy*** *– involves treatment of a family unit as a whole, in which the main focus is on family dynamics and communication.*

8. Discuss recent evidence on the efficacy of insight therapies. (pp. 708-709)

- How effective are Insight Therapies?
  - Can be group or individual therapy and clients usually invest considerable time, money and effort.
  - Evaluating the effectiveness of any approach to treatment is extremely complicated and subjective.
  - Evaluating the effectiveness of any approach to treatment is a complex challenge. For one thing, some psychological disorders sometimes run their course and clear up on their own.
  - ***Spontaneous remission*** *– is a recovery form a disorder that occurs without formal treatment.*
  - The weight of modern evidence suggest that insight therapies are superior to no treatment or to placebo treatment. And beneficial effects of therapy are reasonably durable.
  - Studies generally find the greatest improvement early in treatment.

Behavior Therapies

9. Summarize the general principles underlying behavioral approaches to therapy. (pp. 709-710)

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- ***Behaviour therapies –*** *involve the application of learning principles to direct efforts to change clients maladaptive behaviors.*
- Makes no attempt to help clients achieve grand insights about themselves.
- Behaviour therapist believe that such insights are not necessary to produce constructive change.
- The crux of the difference: insight therapy treat pathological symptoms as sings of underlying problems whereas behavior therapist think that the symptom are the problem.
- Behavior therapies are based on certain assumptions: 1. It is assumed that behavior is a product of learning. 2. It is assumed that what has been learned can be unlearned.
- Behaviour therapist emphasize the importance of measuring outcomes, that there is favorable evidence regarding the efficacy of widely used behavioral interventions.
- In behaviour therapy, different procedures are used for different types of clinical problems.

10. Describe the goals and procedures of systematic desensitization and aversion therapy. (pp. 710-712)

- Systemic desensitization
  - This is by Joseph Wolpe, which revolutionized psychotherapy by giving therapist their useful alternative to traditional "talk therapy".
  - ***Systemic desensitization –*** *is a behaviour therapy used to reduce phobic clients' anxiety responses through counterconditioning.*
  - The treatment assumes that most anxiety responses are acquired though classical conditioning.
  - According to this model, a harmless stimulus may be paired with a fear-arousing event, so that it becomes a conditioned stimulus eliciting anxiety.
  - The goal is to weaken the association between the conditioned stimulus and the conditioned response of anxiety.
  - It involves three steps:
    - The therapist helps the client build an anxiety hierarchy. – a list of anxiety-arousing stimuli related to the specific source of anxiety.
    - Involves training the client in deep muscle relaxation.
    - The client tries to work through the hierarchy, learning to remain relaxed while imaging each stimulus. – starting with the least anxiety-arousing stimulus. If he or she experience strong anxiety, the client drops the imaginary scene and concentrate on relaxation. This is done over and over until the client can imagine the scene with little to no anxiety. Then the client may be encouraged to confront real stimuli.
  - The trick is to recondition people so that the conditioned stimulus elicits relaxation instead of anxiety. This is counterconditioning – an attempt to reverse the process of classical conditioning by associating the crucial stimulus with a new conditioned response.
  - ***In exposure therapies –*** *the clients are confronted with situations that they fear so that they learn that these situations are really harmless.* Takes place in a controlled setting and often involve a very gradual progression from less-feared to more-feared stimuli.
- Aversion therapy

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- Most controversial of behaviour therapies. Desperate measures.
- ***Aversion therapy –*** *is a behaviour therapy in which an aversive stimulus is paired with a stimulus that elicits an undesirable response.* The client has to endure decidedly unpleasant stimuli such as nausea/shocks.

11. Describe the goals and techniques of social skills training. (p. 712)

- Social Skills Training
  - Behaviour therapist points out that people are not born with social finesse, they acquire social skills through learning.
  - ***Social skills training –*** *is a behaviour therapy designed to improve interpersonal skills that emphasizes modelling, behavioural rehearsal, and shaping.*
  - With modeling, the client is encouraged to watch socially skilled friends and colleagues in order to acquire appropriate responses through observation.
  - In behavioural rehearsal, the client tries to practice social techniques in structured role-playing exercises. The therapist provides corrective feedback, and uses approval to reinforce progress. Eventually, clients use their newly acquired skills in the real world.
  - Shaping, is used in that clients are gradually asked to handle more complicated and delicate social situations.

12. Discuss the logic, goals, and techniques of cognitive therapy. (pp. 713-715)

- Cognitive – Behavioral Treatments
  - ***Cognitive-behavioural treatments –*** *used varied combinations of verbal interventions and behavior modification techniques to help clients change maladaptive patterns of thinking.*
  - ***Cognitive therapy –*** *uses specific strategies to correct habitual thinking errors that underlie various types of disorders.*
  - Cognitive therapies was devised as a treatment for depression, but is now used for variety of disorders.
  - Aron Beck asserts that most disorders are caused by irrational, rigid, negative thinking.
  - The goal for cognitive therapy is to help clients learn to detect and dispute the automatic negative thoughts. And to change clients negative thoughts and appraisals, and maladaptive beliefs.
  - Also depends on modelling, behavioural rehearsal, and homework assignments.
  - Mindfulness Cognitve-Behavioural Therapy is one of the most recent developments in this area, which integrates cognitive approached to therapy with mindfulness meditation.
  - MCBT includes three skills:
    - Increased awareness – being able to notice where our attention is along with the ability to bring it back into focus, and expanding out awareness so that we will be able to capture the fullness of our experience.
    - Present moment – being able to bring the mind back to the present moment whenever we begin to think of past difficulties and worries.
    - Self-compassion – the ability to have compassion for yourself and your experiences
    - Accepting things as they are – when we accept and respond to things as they are, we can avoid the dysfunctional reactivity that occurs when we contrast them to the way we want things to be.

13. Discuss the evidence regarding the effectiveness of behaviour therapies. (p. 715)

- How effective are behaviour therapies?

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- There is ample evidence that behavior therapies are effective in the treatment of a wide variety of disorders.
- Behaviour therapies can make important contributions to the treatment of phobias, OCD, sexual dysfunction, schizophrenia, drug-related problems, eating disorders, psychosomatic disorders, hyperactivity, autism, and intellectual disability.

Biomedical Therapies

14. Describe the goals and techniques of biomedical therapies. (p. 716)

- ***Biomedical therapies*** *– are physiological interventions intended to reduce symptoms associated with psychological disorders.*
- Used lobotomies to try to cure psychological disorders.
- Two current biomedical approaches to psychotherapy – drug therapy and electroconvulsive (shock) therapy.

15. Describe the principal categories of drugs used in the treatment of psychological disorders. (pp. 716-720)

- Treatment with Drugs
  - ***Psychopharmacotherpy –*** *is the treatment of mental disorders with medication.* Also called drug therapy.
  - Four kinds: Antianxiety drugs , Antipsychotic drugs, Antidepressant drugs, Mood-stabilizing drugs
  - ***Antianxiety drugs –*** *which relieve tension, apprehension, and nervousness.*
  - The most popular are valium, and xanax. These are in the family of benzodiazepines that are often called tranquilizers.
  - They drugs exert their effects almost immediately, and can be fairly effective in alleviating feelings of anxiety. But their effects are short lived.
  - Antianxiety drugs are routinely prescribed for people with anxiety disorders, but they are also given to people with chronic nervous tension.
  - Most common side effects are drowsiness, depression, nausea, confusion.
  - These drugs also have a potential for abuse, drug dependence, and overdose. Some suffer withdrawal symptoms when treatment is stopped.
  - ***Antipsychotic drugs –*** *are used to gradually reduce psychotic symptoms, including hyperactivity, mental confusion, hallucinations, and delusions.*
  - Used primarily in treatment of schizophrenia, severe mood disorders who become delusional. Ex: haldol
  - They work gradually, between one to three weeks, but considerable variability in responsiveness in seen.
  - May schizo patients are put in antipsychotics indefinitely.
  - Side effects: drowiness, constipation, dry mouth. May also resemble the symptoms or Parkinson's disease.
  - Effective but even slight noncompliance increases the risk of relapses.
  - In addition to their side effects, a lasting problem called ***tardive dyskinesia –*** *a neurological disorder marked by involuntary writhing and tic-like movements of the mouth, tongue, face, hands, or feet* - may occur.
  - Newer class of antipsychotic agents called atypical antipsychotic drugs, such as clozapine, olanzapine, and quetiapine. These can help some treatment-resistant patients who do not respond to traditional antipsych.
  - ***Antidepressant drugs –*** *gradually elevate mood and help bring people out of depression.*

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- Two principal classes: tricyclics and MAO inhibitors. These affect the neurochemical activity in different ways and tend to work with different patients. Tricyclics have fewer problems with side effects and complications than MAO inhibitors.
- Now, psychiatirst are more likely to prescribe a newer class of antidepressants called selective serotonin reuptake inhibitors (SSRIs), which slow the reuptake process of serotonin synapses. Include prozac, paxil, and zoloft. Can also be treatment for OCD, panic disorders, and other anxiety disorders.
- SSRIs may increase the risk for suicide, primarily among adolescents, and young adults. But this is unsure.

o ***Mood-stabilizing drugs –*** *are drugs used to control mood swings in patients with bipolar mood disorders.*

- Lithium was the only one in this category for many years. Lithium has proven valuable in preventing future episodes of both mania and depression in patients with bipolar illness.
- Negative side: lithium can be dangerous when not used skillfully. And should be monitored in the blood regularly because high concentration can be toxic and even fatal. Kidney and thyroid problems.
- New mood stabilizers is an anticonvulsant agent called valproate, which has become more widely used than lithium in treatment of bipolar disorders.

16. Discuss the evidence regarding the effects and problems of drug treatments for psychological disorders. (pp. 720-721)

- How effective are Drug Therapies?
  - Drug therapies are quite effective & can lead to impressive positive effects, but have their drawbacks (below)
  - Critics raised a number of issues:
    - Some critics argue that drug therapies are not as effective as advertised and that they have often produced superficial, short lived curative effects.
    - Critics charge that many drugs are overprescribed and many patients are overmedicated.
    - Some critics charge that the damaging side effects of therapeutic drugs are underestimated by psychiatrist and that these side effects are often worse than the illness that the drugs are supposed to cure.
  - Critics also argue that conflicts of interest are a pervasive problem in research on new medication, leading to overestimates of dug efficacy and underestimated their negative effects.

17. Describe electroconvulsive therapy (ECT). Discuss its therapeutic effects and risks. What other newer techniques are available? (pp. 721-723)

- Electroconvulsive Therapy (ECT) / Shock Therapy
  - ***Electroconvulsive therapy –*** *is a biomedical treatment in which electric shock is used to produce a cortical seizure accompanies by convulsions.*
  - Electrodes are attached to either sides of the skull over the temporal lobes of the brain. Light anesthesia is induced, and the patient is given variety of drugs to reduce to likelihood of complications.
  - An electric current is then applied to either to the right side, or to both sides of the brain for about a second. Unilateral shock delivered to the right hemisphere is the preferred method of treatment today. The current triggers a brief (about 30 seconds) convulsive seizure.
  - The patient normally awakens in an hour or two, and manifest some confusion, disorientation, and nausea.
  - People typically receive between 6-20 treatments over a period of a month or so.

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- Proponents of ECT maintain that it is very effective treatment, but critics have raised doubts, and only 8% of psychiatrist use ECT.
- Controversy about ECT has been fueled by patient's reports that the treatment is painful, dehumanizing, and terrifying.
  - Effectiveness of ECT
- Proponents says that it is remarkably effective treatment for major depression. Patients who do not benefit from antidepressants medication improve in response to ECT.
- However, opponents of ECT argue that the available studies are flawed and inconclusive and that ECT is no more effective than placebos.
- Relapses in ECT are distressingly high. Can lower if done also with antidepressant drugs.
  - Risks associated with ECT
- Memory loss are short-term side effects of ECT, but there is great debate about whether it carries significant long term risks. Along with impaired attention, and other cognitive deficits.
- Proponents says these are mild side effects and usually disappear within a month or two.
- In APA task force concluded that there is no objective evidence that ECT causes structural damage in the brain or that it has any lasting negative effects on the ability to learn and remember information.
- In contrast, ECT critics maintain that ECT-induced cognitive deficits are often significant and sometimes permanents.

- New Brain Stimulation Techniques
  - ***Transcranial magnetic stimulation (TMS) –*** *is a new technique that permits scientist to temporarily enhance or depress activity in a specific area of the brain.*
    - In TMS, a magnetic coil mounted on a small paddle is held in specific areas of the head to increase or decrease activity in discrete regions of the cortex. For depression.
    - So far, treatments delivered to the right and left prefrontal cortex show promise in reducing depressive symptoms. TMS is usually tolerated with minimal side effects.
  - ***Deep brain stimulation (DBS) –*** *a thin electrode is surgically implanted in the brain and connected to an implanted pulse generator so that caries electrical currents can be delivered to the brain tissue adjacent to the electrode.*
    - DBS has proven to be valuable in the treatment of the motor disturbances associated with Parkinson's disease, tardive dyskinesia, and some seizure disorder.
    - Currently being investigated for treatment of depression or OCD.
    - This highly invasive procedure requiring brain surgery would never be frontline therapy for mental disorders, but scientist hope that it may be valuable for highly treatment resistant patients who do not benefit from conventional therapies.

Current Trends and Issues in Treatment

18. Discuss the merits of blending or combining different approaches to therapy. (pp. 723, 726-727)

- Blending Approaches to Treatment

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- Often, a clinician will use several techniques in working with a client.
- Multiple approaches are particularly likely when a treatment team provides therapy. Has its merits.
- Insight, behavioral, and biomedical treatments can be used together, & the therapist are increasingly eclectic
- ***Eclecticism -*** *in the practice of therapy involves drawing ideas from two or more systems of therapy instead of committing to just one system.*
- Two common approaches are theoretical integration and technical eclecticism:
    1. Theoretical integration – two or more systems of therapy are combined or blended to take advantage of the strengths of each.
    2. Technical eclecticism – involves borrowing ideas, insights, and techniques from a variety of sources while tailoring one's intervention strategy to the unique needs of each client. "What is the best approach for this client, problem situation?"
- Combinations of insight, behavioral, and biomedical therapies are often used fruitfully in a treatment of psychological disorders.

19. Discuss the barriers that lead to underuse of mental health services by ethnic minorities. Describe possible solutions to this problem. (pp.727 -729)

- Increasing Multicultural Sensitivity in Treatment
    - The culture-bound origins of Western Therapies have raised doubts about the applicability to other cultures and even ethnic groups in western societies.
    - Ethnic minorities underutilize mental health services because of cultural distrust, language difficulties, and institutional barriers.
        1. Cultural barriers – some cultural groups are reluctant to turn to formal, professional sources for assistance. Given their socialization, they prefer to go for informal help that share their cultural heritage.
        2. Language barriers – effective communication is crucial, yet a lot does not provide therapist who can speak minority languages. The resulting to communication problems that make awkward and difficult for many minority groups when explaining their problems to obtain the help that they need.
        3. Institutional barriers – problems in service delivery involves the therapist inability to provide culturally responsive forms of treatment. Therapist are used to treating middle class white background and are not familiar with others cultural backgrounds and unique characteristics. The cultural gap often leads to misunderstandings, ill devised treatment strategies, and reduced rapport.
    - To treat their clients appropriately and defectively, clinicians need to be sensitive to diverse cultural conventions and sensitivities'.
    - Solutions? Discussions of possible solutions usually begin with the need to recruit and train more ethnic minority therapist. Studies show that ethnic minorities are more likely to go to mental health facilities that are staffed with higher proportion of people who share their ethnic background. Build therapeutic alliance (strong supportive bond) with their ethnic minority clients. A strong therapeutic alliance is associated with better therapeutic outcomes regardless of ethnicity, and in some studies suggest that it is especially crucial for minority clients.
        - More authorities urge further investigations of how traditional approaches in therapy can be modified and tailored to be more compatible with specific cultural group's attitudes, values, norms, and traditions.

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- ***Mental hospital –*** *is a medical institution specializing in providing inpatient care for psychological disorders.*

20. Explain why people grew disenchanted with mental hospitals. (pp. 729-730)

- Disenchantment with Mental Hospitals
  - They were usually underfunded, which meant that the facilities were overcrowded and understaffed. Staff were overworked, making them hard-pressed to deliver minimal custodial care.
  - This led to the community mental health movement, which advocates local, community-based care, reduced dependence on hospitalization, and prevention of mental disorders.

21. Describe the deinstitutionalization trend, and evaluate its effects. (pp. 730-731)

- ***Deinstitutionalization -*** *refers to transferring the treatment of mental illness from inpatient institutions to community based facilities that emphasize outpatient care.*
  - This shift in responsibility was made possible by two developments: 1. the emergence of effective drug therapies for severe disorders. 2. The deployment of community mental health centers to coordinate local care.
  - Positive: many people have benefited by avoiding or shortening disruptive and unnecessary hospitalization. As effective and less costly as inpatient care. And with greater freedom.
  - Negative: this has contributed to the revolving door problem, which refers to the frequent readmission of patients suffering from severe disorders. And they have nowhere to go usually.
  - This also has contributed to the growth of homelessness and the increased incidence of mental illness among the homeless, although homelessness is primarily an economic problem.

Putting it in Perspective: Themes 2 and 5

22. Explain how Chapter 15 highlights two of the textbook's unifying themes. (p. 731)

  - Psychology is theoretically diverse
  - Behavior is shaped by cultural heritage.

Personal Application – Looking for a therapist

23. The task of selecting an appropriate therapist can be difficult. List several options for therapeutic services offered in *your* community. (p. 732)

- Where do you find Therapeutic Services?
  - Private practitioners – self-employed therapist are listed in the yellow pages.
  - Community mental health centers – has psychologist, psychiatrist, mental health and social workers.
  - Hospitals – has a psych ward, and have psychiatrist and psychologist staff on call. In/outpatient.
  - Human service agencies – employs therapist for short term counselling.
  - Schools and workplaces – counselling centers/ in house work counselling.

24. Discuss the potential importance of a therapist's sex and theoretical approach. Describe the qualities one should look for in a prospective therapist. (pp. 732-735)

- Is the therapist's profession or sex important?
  - It is in your preference whether these are important to you. Look for one that will not affect your process.

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- It is though important to have a therapeutic relationship that is characterized with trust and rapport.
- Sexual incidents has happened and if it does, stop the treatment.
- In selecting a therapist, warmth, empathy, confidence and likability are desirable traits, and it is reasonable to insist on a therapist of one sex or the other. If progress is slow, your own resistance may be the problem.

Critical thinking application: From Crisis to Wellness- but was it the therapy?

25. Discuss two major reasons why people entering therapy are likely to get better. (pp. 736-737)

- ***Placebo effects*** *– occur when people's expectations lead them to experience some change even though they receive a fake treatment.*
  - People have a remarkable tendency to see what they want to see.
  - Placebo effects can be very powerful and should be taken into consideration whenever efforts are made to evaluate the efficacy of some approach to treatment.
- ***Regression toward the mean*** *– occurs when people who score extremely high or low on some trait are measured a second time and their new scores fall closer to the mean.*
  - Regression effects work in both directions: high scores fall back toward the mean and low scores creep up toward the mean.
  - Ex: you get a terrible bowling score in one games, and an average school in the next game.

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